

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G63267

1. Entity Name

FELFER INVESTMENT, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90014 007 ***150.00

Principal Place of Business

Mailing Address

558 OCEAN CAY BLVD.
KEY LARGO FL 33037

20835 SW 236 ST
HOUSE
HOMESTEAD FL 33031-1088

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2379620

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~FELFER, JUAN~~
~~558 OCEAN CAY BLVD.~~
~~KEY LARGO FL 33037~~

JUAN FELIPE
20835 S.W. 236th Street
Homestead, FL 33031

Name

JUAN FELIPE

Street Address (P.O. Box Number is Not Acceptable)

20835 SW. 236 ST

City

HOMESTEAD

FL

Zip Code

33031

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input checked="" type="checkbox"/> Delete
NAME	FELIPE, JUAN	
STREET ADDRESS	558 OCEAN CAY BLVD.	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	PSD	<input type="checkbox"/> Delete
NAME	JUAN FELIPE	
STREET ADDRESS	20835 S.W. 236th Street	
CITY-ST-ZIP	Homestead, FL 33031	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JUAN FELIPE PSD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/00 305 248-6898

Date Daytime Phone #

CR2E034 (9/99)